Health Related Boards Name and Address Change Request

You are required to notify the board within thirty (30) days of changing your name and/or address. If you are changing your name, you must submit a copy of the legal document that changes your name (i.e. marriage certificate, divorce decree or court order). Licensee’s mailing and practice addresses are available to the public. There are several ways to change your name and/or address:

1. Print, complete, and mail the form to: 
   Board of (specify the name of your board)
   665 Mainstream Drive
   Nashville, TN  37243

2. Using the form as your guide, e-mail the information to us at tn.health@tn.gov or the below email address for your profession.

3. You can change your address online at https://apps.tn.gov/hlrs-app/loginProfessional.jsp. You cannot change your name online.

4. Print, complete, and fax or email the form to the fax number or email that applies to your profession:

   615-741-7899 or Nursing.Health@tn.gov for: 
   Advanced Practice Nurse
   Registered Nurse

   615-253-4484 or Medical.Health@tn.gov for: 
   Acupuncture
   Medical X-Ray Operator
   Physician Assistant
   ADS
   Midwifery
   Polysomnography
   Clinical Perfusionist
   Orthopedic Physicians Assistant
   Radiology Assistant
   Genetic Counselor
   Osteopathic Physician
   Medical Doctor
   Osteopathic X-Ray Operator

   615-532-5369 or Unit1HRB.Health@tn.gov for: 
   Advanced Practice Social Worker
   Clinical Pastoral Therapist
   Podiatric X-Ray Operator
   Alcohol and Drug Abuse Counselor
   Hearing Instrument Specialists
   Prosthetist
   Audiologist
   Hearing Instrument - Apprentice
   Psychologist
   Baccalaureate Social Worker
   Licensed Marital and Family Therapists
   Psychological Examiner
   Certified Marital and Family Therapist
   Licensed Masters Social Worker
   Psychological Assistant
   Certified Professional Counselor
   Licensed Professional Counselors
   Speech Language Pathologist
   Chiropractic Physician
   Orthotist
   Speech Pathologist Assistant
   Chiropractic Therapy Assistant
   Pedorthist
   Chiropractic X-Ray Technologist
   Podiatrist

   615-401-7682 or Unit2HRB.Health@tn.gov for: 
   Athletic Trainer
   Licensed Certified Respiratory Therapist
   Occupational Therapy Assistant
   Certified Respiratory Care Assistant
   Licensed Registered Respiratory Therapist
   Physical Therapist
   Electrologist
   Nursing Home Administrator
   Physical Therapy Assistant
   Electrology School
   Occupational Therapist

   615-770-7444 or dental.health@tn.gov for: 
   Dental Hygienist
   Dentist

   615-532-5164 or Unit3HRB.Health@tn.gov or Veterinary.Health@tn.gov or Massage.Health@tn.gov for: 
   Certified Animal Chemical Capture Tech
   Dispensing Optician Apprentice
   Veterinarian
   Certified Animal Euthanasia Technician
   Dispensing Optician
   Veterinary Medical Technician
   Dietitians and Nutritionist
   Optometrist
   Dispensing Optician
   Reflexologist

   615-741-2722 or Pharmacy.Health@tn.gov for: 
   Pharmacist
   Pharmacy Technician
   Medical Service Representative

   615-248-3601 or Nurseaid.Health@tn.gov for: 
   Certified Nurse Aide

   615-253-8724 or Medlabs.Health@tn.gov for: 
   Medical Laboratory Personnel
NAME & ADDRESS CHANGE REQUEST

Select the profession/occupation for which you hold a license, certificate, or registration. NOTE: Submit a separate form for each license, certificate or registration that you hold.

- Acupuncture
- ADS
- Advanced Practice Nurse
- Advanced Practice Social Worker
- Alcohol & Drug Abuse Counselor
- Assistant Behavior Analyst
- Athletic Trainer
- Audiologist
- Baccalaureate Social Worker
- Behavior Analyst
- Certified Animal Chemical Capture Technician
- Certified Animal Euthanasia Technician
- Certified Martial & Family Therapist
- Certified Nurse Aide
- Certified Professional Counselor
- Certified Respiratory Care Assistant
- Chiropractic Physician
- Chiropractic Therapy Assistant
- Chiropractic X-Ray Technologist
- Clinical Pastoral Therapist
- Clinical Perfusionist
- Clinical Pastoral Therapist
- Dental Assistant
- Dental Hygienist
- Dentist
- Dietitian/Nutritionists
- Dispensing Optician
- Dispensing Optician-Apprentice
- Electrologist
- Electrology School
- Genetic Counselors
- Hearing Aid Specialist
- Hearing Aid Specialist-Apprentice
- Licensed Clinical Social Worker
- Licensed Marital & Family Therapist
- Licensed Masters Social Worker
- Licensed Practical Nurse
- Licensed Registered Respiratory Therapist
- Licensed Professional Counselor
- Licensed Certified Respiratory Therapist
- Licensed Registered Respiratory Therapist
- Licensed Masters Social Worker
- Licensed Masters Social Worker
- Medical Doctor
- Medical Laboratory Personnel
- Medical Service Representative
- Medication Aides
- Midwifery
- Nursing Home Administrator
- Occupational Therapist
- Occupational Therapy Assistant
- Optometrist
- Orthopedic Physicians Assistant
- Orthotist
- Osteopathic Physician
- Pedorthist
- Pharmacist
- Physical Therapist
- Physician Assistant
- Podiatrist
- Podiatric X-Ray Operator
- Psychological Assistant
- Psychological Examiners
- Psychologist
- Radiology Assistants
- Reflexologist
- Registered Nurse
- Registered Nurse First Assistant
- Speech Language Pathologist
- Speech Pathologist Assistant
- Veterinarian
- Veterinary Medical Technician
- Other (specify)

[PRINT OR TYPE ALL INFORMATION]  SSN: ____________________________ License, Certificate or Registration #: ____________________________

NAME CHANGE - T.C.A. § 63-1-106 - Personal name change requests must be accompanied by a copy of the legal document which verifies the name change (marriage license, divorce decree, court order).

New Name: [First] ____________________________ [Middle] ________________________ [Last] ________________________

Former Name: [First] ____________________________ [Middle] ________________________ [Last] ________________________

MAILING ADDRESS CHANGE - T.C.A. § 63-1-108(c) – This will be used as your mailing address for the purpose of board mailings. Board records are public record pursuant to T.C.A. § 10-7-503.

Old Street Address: _________________________________________________   City, State, Zip Code: ________________________________________

New Street Address: _________________________________________________   City, State, Zip Code: ________________________________________

PRACTICE ADDRESS CHANGE – This will be also be used for the purpose of your practitioner profile if you are required to provide a profile.

Old Street Address: _________________________________________________   City, State, Zip Code: ________________________________________

New Practice Name: _________________________________________________

New Street Address: _________________________________________________   City, State, Zip Code: ________________________________________

TELEPHONE NUMBER CHANGES: Home ____________________________ Work ____________________________

EMAIL ADDRESS CHANGE: ________________________________________

Signature __________________________________________________________ Date ____________________________

Print Name: ________________________________________________________